



TOWN OF TEWKSBURY

BOARD OF HEALTH
@ THE SENIOR CENTER
175 CHANDLER STREET
TEWKSBURY, MASSACHUSETTS 01876

Office Hours Monday – Friday 8:00 AM to 4:30 PM
(978) 640-4470 Fax: (978) 640-4472

CHECKLIST FOR BOARD OF HEALTH APPLICANTS

2.5.1 An applicant shall submit a written variance request to the Health Department, either in hand or by certified mail. A proper submittal shall include, but may not be limited to the following:

Step 1

- a) Nine (9) copies of a properly completed and signed application on a form supplied by the Health Department. All material must be sorted into nine (9) individual packets.
- b) If the owner is not the applicant, the application shall be submitted with a notarized affidavit, signed by the owner or owners, authorizing the application. Any person may appear in his or her behalf or be represented by an agent or attorney-in-fact who may (but need not) be an attorney-at-law. If the representative of the owner or the applicant is not a licensed attorney-at-law, then a letter from the owner and/or applicant shall be filed authorizing the representative to act in behalf of the owner and/or applicant.
- c) Nine (9) copies of the Health Department's Determination Letter, if appropriate or copies of the letter indicating refusal of an appropriate permit from the Health Agent(s).
- d) Nine (9) sets of a plot plan, within six (6) months from date of a submission, with surveyor's or engineer's original seal, showing premises affected, and other details (i.e. other structures, septic systems, wells, external grease tanks, and any other proposed items), if it is deemed a requirement of the Director. The locus should be clearly identified (i.e. assessor's map indicating map and lot numbers), if applicable.
- e) Nine (9) copies of the Owner(s) Quitclaim Deed or Land Court Certificate
- f) Nine (9) copies of a Certified Abutters List from the Assessor's Office, which shall be dated within sixty (60) days of submission, when required.
A variance of an operational function, within a facility, does not require notification of the abutters.
- g) Nine (9) copies of a brief statement of details, including other documentation, supporting the petitioner's request.
- h) Nine (9) copies of any pertinent information deemed necessary by the Director.
- i) Appropriate fees paid, including the Geographic Information Systems (GIS) surcharge.

Step 2

Application packages shall be submitted to the Health Department at least three (3) weeks prior to the hearing date.

Step 3

The Health Department shall establish the hearing date after proper submission of application.

CHECKLIST FOR BOARD OF HEALTH APPLICANTS (continued)

Step 4

The applicant shall transmit and pay for legal notice, which shall be given by publication in a newspaper of general circulation in the Town for two (2) consecutive weeks. The first publication shall not be less than fourteen (14) days before the day of the hearing.

Step 5

The applicant shall notify all abutters by Certified Mail, Return Receipt Requested, at the applicant's expense, at least ten (10) days before such hearing. Notification shall include a description of the variance the applicant is seeking, reasons therefore, and also the date, time and place for the scheduled hearing. Step 5 is exempt from an operation variance request.

Step 6

Certified mail slips, stamped by the Post Office, shall be provided to the Health Department office seven (7) days prior to the scheduled hearing with a copy of the notification to abutters.

Step 7

The Post Return Receipt cards (green cards) shall be addressed to the Health Department and will become a record and part of the applicant's file.

2.5.2 An applicant that is applying for an operational variance shall submit a written variance request to the Health Department, either in hand or by certified mail. A proper submittal shall include, but may not be limited to the following:

Step 1

- a) Nine (9) copies of a properly completed and signed application on a form supplied by the Health Department. All material must be sorted into nine (9) individual packets.
- b) Nine (9) copies of the Health Department's Determination Letter, if appropriate or copies of the letter indicating refusal of an appropriate permit from the Health Agent(s).
- c) Nine (9) copies of a brief statement of details, including other documentation, supporting the petitioner's request.
- d) Nine (9) copies of a floor plan are required when appropriate.
- e) Nine (9) copies of any pertinent information deemed necessary by the Director.
- f) Appropriate fees paid, including the Geographic Information Systems (GIS) surcharge.
- g) See Section 2.5.1 steps 2 through 7 to complete the application process

TOWN OF TEWKSBURY
MASSACHUSETTS

Case No	_____
Date App. Filed	_____
Hearing Date	_____
Decision	_____
Do not write in this space	

APPLICATION TO THE BOARD OF HEALTH

Applicant: _____ Mailing Address _____

- Application is hereby made: (check one or more and fill in appropriate blanks)
 - (a) For a variance from the requirements of MGL or BOH Regulations: Section _____ Para. _____
 - (b) As a party aggrieved, for review of a decision made by the Health Inspector and/or other authorities.
What authorities? _____
- Premises affected are land and buildings numbered _____
_____ Street
- (a) Premises affected in Zoning District _____ The premises has an area _____ sq. ft.
Frontage of _____ ft. Side yard setback of _____ ft. and _____ ft.
Front yard setback of _____ ft. Septic System setback lot lines _____ ft. Foundation _____ ft.
Well(s) Potable _____ ft. Irrigation _____ ft. Monitoring _____ ft. Public drinking water supply _____ ft.
Other setbacks requirements include description and feet: _____
- (b) Assessors Map _____ Lot _____
- Ownership:
Name and address of owner (if joint ownership, give all names):

- (a) Size of (proposed) (existing) structure: _____ ft. front: _____ ft.
Height: _____ stories _____ ft. Total floor area: _____ sq.
(b) Number of existing bedrooms: _____ Number of proposed bedrooms: _____

(c) Present occupancy or use: (of each floor) _____

6. Description of proposed work and/or use: _____

7. Has the applicant appeared before any other Town Boards involving this property: _____
If "yes" give date, name of Board, reason and results _____

8. Deed recorded in Middlesex North Registry of Deeds, Book _____ Page _____
Registry District of the Land Court Cert. No. _____ Book _____ Page _____

9. The reasons for the change that I request are as follows: (Use additional sheet if necessary)

10. Names and address of abutters: (use additional sheet if necessary)

Legal abutters: _____ (See attached certified abutter's list.) _____

Other Property Owners: _____

I further agree that the information submitted by me _____
is true to the best of my knowledge.

Date _____ Signature of person who filled out form _____

Date _____ Signature of Applicant _____
Applicant's Telephone # _____

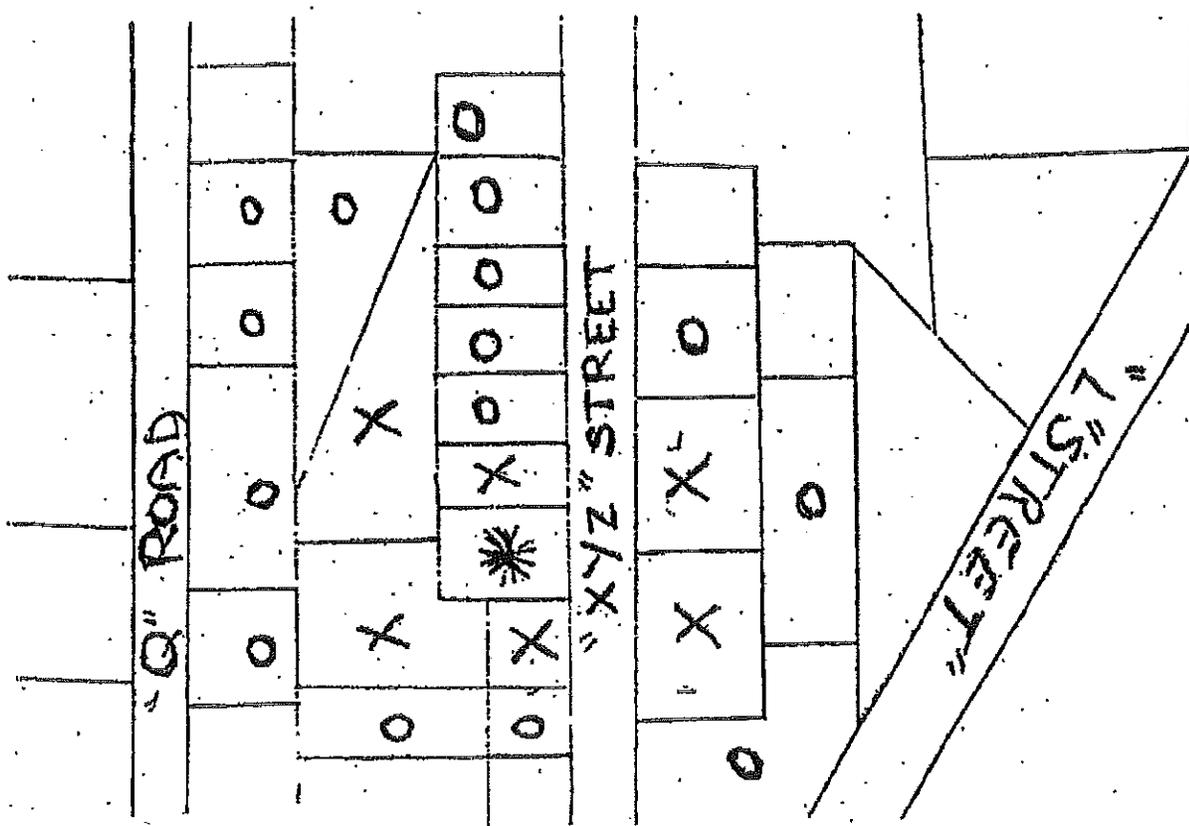
INSTRUCTIONS: Applications must be typed or printed. Draw line through blanks that do not apply.
File eight (8) copies COMPLETELY FILLED out. If applications are submitted with incomplete information,
they will not be accepted.
A copy of the decision, if any, by the Health Inspector or other authority, together with eight (8) plot plans of the
affected premises, MUST be filed.

THE FILING FEE MUST ACCOMPANY THIS APPLICATION
Make checks payable to the Town of Tewksbury

EXAMPLE

1. **LEGAL ABUTTERS:** Any properties that touch the property in question, including the properties across the street. For these purposes, the center of a street constitutes a property line. In the example, they are those properties that are represented by an "X".
2. **OTHER ABUTTERS:** Any properties that adjoin legal abutters. In the example, they are those properties that are represented by an "O".

Property in question represented by an "***"



TEWKSBURY TOWN CRIER

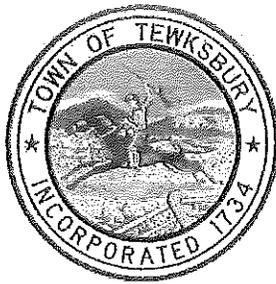
Town Crier
1 Arrow Drive
Woburn, MA 01801

978-658-2346
(Fax) 978-658-2266

DIRECTIONS

- Take I-93 South
- Take 1-95 South/128 S via Exit 37B toward Waltham
- Take Exit 36 toward Washington Street/Woburn/Reading
- Take the Mishawum Road ramp
- Turn left onto Mishawum Road
- Turn left to stay on Mishawum Road
- Turn left onto Olympia Avenue
- Turn right onto Wildwood Avenue
- End at 1 Arrow Drive, Woburn, MA

(Distance about 15 miles. Travel time about 20 minutes)



**TOWN OF TEWKSBURY
ASSESSOR'S OFFICE**

11 TOWN HALL AVENUE
TEWKSBURY, MA 01876
Phone (978) 640-4330
Fax (978) 851-4849

For office use only

Payment Received:

Date: _____

Amount: _____

Cash

Check # _____

REQUEST FOR CERTIFIED LIST OF ABUTTERS

TO: **Tewksbury Board of Assessors**

FROM: _____

DAYTIME PHONE NUMBER: _____

Please Check Name of Requesting Board:

ZBA Board of Health Conservation Planning Other: _____

I am requesting a certified list of abutters for the property located at:

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

MAP: _____ LOT: _____ UNIT: _____

ABUTTERS: Direct Within 100 feet Within 300 feet Provided List
INCLUDE: Abutters to Abutters Other: _____

Applicants should allow a minimum of five (5) business days to process the request.

Please fill out this form in its entirety and submit it to the Assessor's Office. *Each parcel involved in a project requires its own abutters list.* There is a \$15.00 fee for each list. The office can also provide an excel spreadsheet for creating mailing labels for an additional \$5.00. Be sure to provide an email address if you would like this option. Assessor's Maps can be purchased for an additional \$2.00 each. **Fees must be paid when request is made.** Check is payable to **TOWN OF TEWKSBURY**.

EMAIL ADDRESS IF REQUESTING EXCEL FILE: _____